Docket Number AMENDMENT TRANSMITTAL LETTER EMS-02003 Examiner **Group Art Unit Application Number** Filing Date SHINGLES, Kristie D. 2141 September 28, 2001 09/965,926 Invention Title ERROR RECOVERY FOR SRDF ASSIST TO THE COMMISSIONER FOR PATENTS Transmitted herewith is an amendment in the above-identified application, including: Request for Continued Examination (in duplicate); 1) Petition for Two-Month Extension of Time (in duplicate); and 2) Preliminary Amendment 3) **CLAIMS AS AMENDED** (3)(1) (2)**FEE** RATE **PRESENT HIGHEST** CLAIMS NUMBER REMAINING NUMBER **PREVIOUSLY EXTRA** AFTER AMENDMENT PAID FOR 0 x \$ 50 \$ 0 62 **TOTAL CLAIMS** 30 \$ 0 0 x \$200 Minus 3 2 INDEPENDENT CLAIMS \$360 \$ MULTIPLE DEPENDENT **CLAIM ADDED** \$ 0 TOTAL \$ **SMALL ENTITY TOTAL** If applicant has small entity status under 37 CFR 1.9 and 1.27, then divide total fee by 2, and enter amount here. If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the highest number previously paid for IN THIS SPACE is less than 20, enter "20." If the highest number previously paid for IN THIS SPACE is less than 3, enter "3." The "highest number previously paid for" (total or independent) is the highest number found in the appropriate box in column 1. Please charge Deposit Account Number 503596 in the amount of \$_____ A duplicate copy of this sheet is enclosed. A check in the amount of \$_____ to cover the filing fee is enclosed. Please credit any overpayment and/or charge any additional filing fees required under 37 (X) CFR §§ 1.16 and 1.17 to our Deposit Account Number 503596. I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on February 1, 2006. Donald W. Muirhead, Reg. No. 33,978 February 1, 2006 Date